



**Washington State Department
of Social and Health Services**

PO Box 45505
Olympia, WA 98504-5505

Your Medical Benefit Book

Open Now! You must make a choice.



DSHS 22-542(X) (Rev. 10/06)

If the enclosed information is not in your primary language, please call 1-800-562-3022
(TDD/TTY only: 1-800-848-5429)

ENG

Yog tas cov ntaubntawv kws tuaj nrug nuav tsi yog koj yaam lug tes thov hu rua
1-800-562-3022 (TDD/TTY xwb: 1-800-848-5429)

HMG

Afai o lenei faaaliga e le o alu atu i lau gagana masani, faamolemole vala'au mai i le telefoni:
1-800-562-3022 (Mo e e le lelei le faalogo pe gugu, vala'au mai i le telefoni 1-800-848-5429)

SAM

Если прилагаемая информация не на вашем родном языке, позвоните, пожалуйста, по телефону 1-800-562-3022 (телефон только для лиц с плохим слухом
(TDD/TTY): 1-800-848-5429)

RUS

Якщо прикладена інформація не на вашій рідній мові, подзвоніть, будь ласка, по телефону
1-800-562-3022 (телефон тільки для осіб з поганим слухом (TDD/TTY): 1-800-848-5429)

UKR

동봉한 안내자료가 귀하의 모국어로 준비되어 있지 않으면 1-800-562-3022
(청각장애자/시각장애자용 : 1-800-848-5429)로 연락하십시오.

KOR

Dacă informațiile alăturate nu sunt în limba dumneavoastră natală vă rugăm să sunați la
1-800-562-3022 (numai pentru TDD/TTY: 1-800-848-5429)

ROM

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AM

အကယ်၍ အသံဖော် အမှတ်တံဆိပ်များကို အသံဖော် အမှတ်တံဆိပ်များ 1-800-562-3022 သို့မဟုတ် 1-800-848-5429 နှင့် ဆက်သွယ်ပါ။

TIG

Si la información adjunta no está en su idioma primario, por favor llame al 1-800-562-3022
(Para TDD/TTY solamente, llame al 1-800-848-5429).

SP

ຖ້າຫາກວ່າຂ່າວສານອັນນີ້ບໍ່ແມ່ນພາສາທີ່ທ່ານຮູ້ຈັກ, ກະຊວງມາໂທຣະສັບໄປຫາ 1-800-562-3022 (TTY/TDD ເທົ່ານັ້ນ:
1-800-848-5429).

LA

Nếu tin tức đính kèm không có ngôn ngữ của quý vị, xin gọi 1-800-562-3022 (TDD/TTY mà
thôi: 1-800-848-5429)

VN

如果隨附的資料不屬你的母語，請打電話 1-800-562-3022 (TDD/TTY 專線 1-800-848-5429)。

CHI

បើព័ត៌មានដែលភ្ជាប់ទៅនេះមិនមែនជាភាសាដើមរបស់អ្នកទេ, សូមទូរស័ព្ទ 1-800-562-3022, (សំរាប់ TDD/TTY,
ជំងឺតប្បដិស័យ: 1-800-848-5429)

CAM

Kung ang nakalakip na impormasyon ay hindi sa inyong pangunahing wika, pakitawagan po ang
1-800-562-3022 (TDD/TTY lamang: 1-800-848-5429)

TA

اگر اطلاعات ضمیمه به زبان شما نمی باشد، لطفا به این شماره 1-800-562-3022 (برای TDD/TTY)
(1-800-848-5429)

FA



Welcome to Washington State's Healthy Options Managed Care Program

This book tells you about your choices and how to sign up for your health care. You may choose to get your care through managed care or fee-or-service, depending on where you live. Your choices are listed on the sign up form on page 3 of this book.

This book explains managed care and fee-for-service. The book also tells you some things you should know before you pick how to get your health care.

If you have a doctor, a clinic, or a health plan you want, it is important for you to let us know right away. That is why it is important for you to understand your choices and how to choose.

If we don't hear from you by _____, starting _____
You and/or your family will be enrolled with:



Healthy Options
1-800-562-3022

To sign up or ask questions, call us at 1-800-562-3022 Monday through Friday, 7 am to 6 pm.

You can use our new message system any time.

The TTY/TDD line is 711 or 1-800-848-5429 only for people who have difficulties with hearing or speech (your phone must be equipped to use this line).

Calls to these numbers are free, we'll be glad to help you!

What’s in this book

	Starting on:
Sign up form.....	page 3
About your health care.....	page 5
About your choices	page 6
How to choose your health plan.....	page 7
How do you get medical care from a health plan?	page 8
Help finding a PCP	page 9
Do you have to be in a health plan? (there are a few exceptions to the rule that everyone must be in a plan).....	page 11
What benefits and services do you get?	page 12
ID cards	page 14
Your Rights and Responsibilities.....	page 15
American Indians/Alaska Native information	page 16
Plan information pages	page 19

If it is hard for you to read or understand this book, please call us at 1(800) 562-3022 to ask for help or for a book in an alternate format, such as, larger print. The TTY/TDD line is 711 or 1(800) 848-5429 only for people who have difficulties with hearing or speech (your phone must be equipped to use this line). You can get this information in other languages at not cost. Please call 1 (800) 562-3022 for help.

Sign-up form

CASE NUMBER		
CLIENT NAME		
CLIENT ADDRESS		
CITY	STATE	ZIP CODE



1-800-562-3022

**If you sign-up by phone you do
not have to fill out this form!**
Call 1-800-562-3022 right away!
(TTY/TDD users only, call 1-800-848-5429)

Easy as 1-2-3!

1.

Write in below how you would like to get your health care.

2.

Which doctor would you like to have as a PCP for this person? (All doctors you list as PCPs must be in the health plan. If you are not sure, call the doctors and ask if they are with the health plan you want.)

Name:	Name of PCP:
Name:	Name of PCP:
Name:	Name of PCP:
Name:	Name of PCP:
Name:	Name of PCP:
Name:	Name of PCP:

3.

Is anyone who is listed on your medical ID card pregnant or having surgery soon?

☐ Pregnant? Who? Name: _____ Due Date: _____

☐ Surgery? Who? Name: _____ Date: _____

What doctor or other medical provider is this person seeing?

Name of doctor: _____ Office phone: _____

Of the people who are listed on your medical ID card, are there any with a special medical condition or developmental delay?

☐ Yes _____

Please give the name of the person(s) and their special health condition(s):

Let us know your choice.



EASIEST way is to call us toll-free at **1-800-562-3022**

Monday through Friday 7:00 a.m. to 6:00 p.m.

You can use our new message system anytime

TTY/TDD users call 711 or 1-800-848-5429

Or, refold the form with the Business Reply on the outside and send it back to us (no stamp needed). Or, fax the form to 360-725-2144



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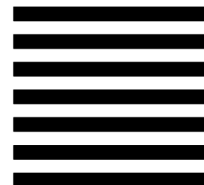
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About your health care

DSHS is the Department of Social and Health Services.

We work with the federal Medicaid program and pay for your health care.

How does DSHS pay for your health care?

DSHS has two ways of paying for your health care, depending on where you live or what services you get. The Sign Up form on page 3 tells you what choices you have.

Managed care (in a health plan or a tribal clinic) DSHS pays a health insurance plan or a tribal clinic to cover most of your medical care. You pick a plan and you go to one doctor. The doctor will give you the care or have you go to a specialist. The program is called Healthy Options (for health plans) or PCCM (for tribal clinics).*

Fee-for-service (not in a health plan) You see any doctor who will take your DSHS Medical ID card. You use your medical ID card to get all your medical care and the doctor bills DSHS for the services. Look at the Sign Up form on page 3 to see if you can choose fee-for-service.

* Managed care clients will get some services with the fee-for-service Medical ID card, such as dental or eyeglasses. See pages 12 & 13 in this book for a list of those services.

Do you have to be in a health plan (Healthy Options)?

It depends on where you live and you and/or your family's situation. Healthy Options is about choice. If we can't give you two plans to choose from where you live, you can choose a plan or fee-for-service. The Sign Up form on page 3 tells you your options. There are other reasons you might not have to be in managed care, see page 11 for more information.

Do you have to pay for you or your family's health care?

Usually not... Medicaid does not cover some medical services, so if you get a service that isn't covered, you might have to pay. See pages 12 & 13 for information about what is and what is not covered.



About your choices

What is good about a health plan?

You will have access to a doctor 24 hours a day, and a 24-hour Nurse line. The health plans have customer service people to help you with any problems and can help coordinate your care. Also, you may get some extra services like wellness care programs with special gifts, such as bike helmets or car seats for your children. To find out more about the health plans, please call the numbers listed on the plan information pages starting on page 19. At any time, plans can change the counties they service, so call the plans for current information.

Why should you choose managed care if you live in an area where you can choose Fee-for-Service?

If you don't sign-up for managed care, you may have trouble finding a medical provider who will take your fee-for-service medical ID card and bill DSHS for your medical care. You can call doctors and other medical providers who are near you to find out which choice is better.

How do you know which plans to choose or if you can choose fee-for-service?

It depends on where you live. The sign up form on page 3 tells you your choices. Look at the plan information pages in this book starting on page 19.

What if you have doctors you want to use?

If there are doctors you would like to use, find out which health plans they are with *before* you sign-up for a plan. To find out, you can call the doctor or call the health plan. Some doctors are with more than one plan.

Does everyone in your family have to be in the same health plan?

YES! Everyone in your family has to be in the same health plan.

When you are ready, how do you sign up for your health coverage?

When you have picked your plan or fee-for-service if that is an option for you, let us know right away so we can sign you up. It's easy - just call 1-800-562-3022 (or fill out the sign-up form and send it in).

What happens if you do not tell us your choice?

If we do not hear from you, DSHS will pick a plan for you. See page 1 of this book to see what plan DSHS picked for you. You may not be able to use the doctors, hospitals, and other providers you want.

How to choose your health plan

Find out more about the plans you can choose from

Even though all plans give you the same benefits, there are some differences among them to consider before you make your choice. To help compare the plans you can choose from, look at the plan information pages in this book starting on page 19. These pages give you a phone number to call if you want to ask questions before you sign up. The pages also show how members rated their plan.

Think about the doctors and other medical providers you want to use for you and your family

If there are doctors or hospitals you would like to use, find out which health plans they are with *before* you sign up for a plan. Some are with more than one plan. Remember, which hospitals you can use also depends on which hospitals your doctor uses.

Do you need help to find a PCP?

If you need help finding a doctor or other medical person to be your PCP (Primary Care Provider), here are some ways to get information about PCPs:

- You can call the plan you want to be in (the numbers are on the plan information pages starting on page 19). The plan can give you a list with provider names, locations, phone numbers, languages spoken, and whether or not they are accepting new patients. The plan will help you pick one of its doctors or other medical providers to be your PCP.
- You can ask for a list of PCPs who are with the health plans in your area by sending in the PCP request form on page 9.
- You can visit the Internet Provider Directory website.



<http://maa.dshs.wa.gov/ipndweb/>

- The website has doctor, hospital and pharmacy addresses, phone numbers and more!
- You can also connect to health plan web sites from our provider directory.
- Your public library may have Internet access you can use for free.



How do you get medical care from a health plan?

What happens after you sign up with a health plan?

Once you are signed up, your health plan will send you a plan ID card and information you will need to know to get your medical care. Follow your health plan's directions on how to get your medical care. Remember, you will need to show the plan's ID card *and* your Medical ID card (the one you get each month from DSHS) each time you get medical care (see page 14 for more information about ID cards).

Can you go to any doctor or hospital that you want?

NO - Each health plan has certain doctors and other medical providers you must use. Most of the plans also have certain hospitals and pharmacies you must use. For all of the plans, the hospitals you can use also depends on which hospitals your doctor uses. Call your health plan to find out more information.

Your PCP will take care of most of your health care needs

You will go to one person in your plan for most or all of your care. This person is called your **PCP**, which stands for **Primary Care Provider**. Your PCP can be a doctor, nurse practitioner, or physician assistant. If you need care from a specialist or other provider, your PCP will help you get it.

You can get care for pregnancy or other women's health care without a referral from your PCP

If you are a woman, you do not need a referral (permission) from your PCP to get care for pregnancy or other women's health care needs - as long as the person you see for women's health care needs is in the health plan you pick.

Can you and others on your medical ID card have different PCPs?

YES! You and others listed on your medical ID card can have different PCPs as long as all of them are in the health plan you pick.

What if you or a family member have a medical service (like surgery) that is already scheduled?

Call the health plan you choose right away to let them know about the medical service so they can help you get the care you need. There is also a spot on the sign up form to tell us this information. We will give this information to the health plans.

What if you are not happy with your health plan?

If you are not happy with the way you have been treated or have been denied a medical service, you may contact your health plan and let them know. Your health plan will help you file a grievance or an appeal (complaint). If you are still unhappy after the appeal, you may ask for a DSHS Hearing.



Cut along this line



Do you need to find a managed care health plan PCP (Primary Care Provider)?

When you are in a health care plan, you get most or all of your care from a doctor or other medical provider who is called your PCP.

To get information about PCP's:

1. The **fastest** way is to call the health plan.
2. Another way is to visit the Internet Provider Directory website (<http://maa.dshs.wa.gov/ipndweb/>).
3. Or you can cut this page out and send in this reply to get a list of PCPs who are with the health plans in your county.

If you choose to send in this reply, do it right away - don't miss the deadline for signing up.

Your Name: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____



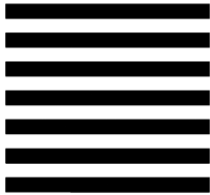
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OLYMPIA WA 98599-5530





Do you have to be in a health plan?

Check the Sign Up form on page 3 of this book—it tells you if you have to be in a health plan. If “Fee-for-Service” or “Tribal Clinic” are not listed on the Sign Up form on page 3, you have to be in a health plan. But there are some exceptions:

1. **People who are American Indian or Alaska Native** do not have to sign up for a health plan. See page 16 for information about your choices.
2. **People who have other health insurance** may not have to be in Healthy Options. Some people have other health insurance besides DSHS. If you have other health insurance, DSHS will let you know whether you will be in Healthy Options or not.
3. **Children with special health care needs** who are getting services from a public health or community health nurse with your county’s Children with Special Health Care Needs Program can have an exemption. Please call 1-800-562-3022 to talk about how they will get their medical care.
4. **If you are homeless**, and you will live in a shelter or temporary address for less than 120 days (less than about four months), you do not have to sign up for a health plan.
5. **If you are seeing a doctor or other medical provider who is not with a Healthy Options plan**, and this doctor tells us the medical reasons why you need to keep getting your care from him or her.
6. **If you are deaf** or hearing impaired and want to see a doctor or other medical provider who knows sign language, and this doctor is not with a health plan.
7. **If you don’t speak English well** and you want to see a doctor or other medical provider who speaks your language and this doctor is not with a health plan.

Call us at 1-800-562-3022 if you want to ask for an exception. We will review your reasons and make a decision. You must let us know *before* you get in a health plan, or you may have to stay in a health plan until we decide.

What benefits and services will you get?

Medicaid covers these benefits and services if you are in managed care or Fee For Service.

If you pick a health plan, they will send you more information about what is covered, and your PCP will help you get the care you need. You can get these services when they are needed. Health plans may cover more services and may require you to get a referral (permission). Call the health plan's customer service line for more information.

- Ambulance
- Blood and blood products
- Chiropractic care for children - Only when referred from a well child exam
- Dialysis
- Eye exams
- Family planning
- Health education for diabetes & heart disease
- Home health and hospice care
- Hospital care (including Emergency room, inpatient, and outpatient services)
- Immunizations (shots)
- Lab and X-ray services
- Maternity care and women's health care
- Medical supplies & equipment
- Mental Health services (Call the health plan for specific information)
- Office visits
- Oxygen/Respiratory therapy
- Pharmacy/Prescriptions
Check your plan's drug list
- Physical, occupational, & speech therapy
- Smoking cessation for pregnant women
- Specialty care
When referred by your PCP
- Surgery in a hospital or in an ambulatory surgery center
- Tissue and organ transplants
- Urgent/Emergent care
- Well child checkups/EPSTD & follow up care

EPSTD stands for Early and Periodic Screening, Diagnosis, and Treatment. EPSTD includes regular checkups to make sure people under 21 years old get the preventive care they need to catch and treat health problems at an early stage. These checkups or well-child exams include:

- Complete physical exam
- Immunizations (shots)
- Complete health and developmental history
- Lab tests
- Screens for:
 - Vision, Hearing, Dental/Oral health, Mental health, and Substance abuse.

If your children are enrolled in a managed care plan, call their primary care provider for an appointment.

Some benefits are covered by the health plans or by other state agencies

You can get the following benefits and services from your health plan or you can go directly to a local health department or family planning clinic to receive the services.

- Family Planning services and birth control
- HIV and AIDS testing
- Immunizations
- Sexually transmitted disease treatment and follow-up care
- TB screening and follow-up care
- Women, Infants, and Children (WIC) program

Note: the WIC program is only available from the local health department



Some benefits are ONLY covered by your DSHS Medical ID card and not covered by the health plans

The following benefits and services are covered by DSHS fee-for-service. The health plans will not pay for these services. You must use your DSHS Medical ID card to get these services and find a provider who will bill DSHS for payment.

- Dental care with limited orthodontics
- Eyeglasses and fitting services
- Genetic counseling (prenatal only)
- Hearing aids
- Interpreter services for medical visits
- First Steps Services such as Maternity Support Services and Infant Case Management
- Mental health services through the Regional Support Network (RSN)
- Neurodevelopmental services at DSHS approved centers
- School Medical Services for special needs students
- Sterilizations when under age 21
- Substance abuse services including detox for alcohol and drugs
- Transportation to and from medical appointments other than Ambulance
- Voluntary pregnancy terminations

Some benefits are NOT covered by DSHS or the health plans

Benefits and services listed below are NOT covered by the health plans or by DSHS. If you get any of these services you may have to pay for them yourself. Call the health plan's customer service line or the medical assistance helpline for more information.

- Court-ordered services
- Diagnosis and treatment of infertility, impotence, and sexual dysfunction
- Experimental and Investigational Treatment or Services
- Immunizations for international travel
- Medical exams for Social Security Disability benefits
- Medical services while in jail
- Orthoptic (eye training) care for eye conditions
- Personal comfort items
- Physical exams needed for employment, insurance, or licensing
- Plastic surgery for cosmetic reasons
- Reversal of voluntary surgical sterilizations

If you have a question about a benefit or service not listed here, call 1-800-562-3022

Your DSHS Medical ID Card


Everybody on medical assistance gets a green and white DSHS Medical ID card (or coupon). A card is sent each month. Your Medical ID card tells doctors and other medical providers what medical benefits you can get. Please check every month to make sure it has the right information. For example, make sure your name and address are correct and the health plan you get care from is right. You will need to show your Medical ID card every time you get medical care or services and when you get prescriptions.

This is what we call your Patient Identification Code or PIC. It is the main way we identify people on Medicaid.

Your card is good for these dates. If you don't get your card in the first week of the month call us at 800-562-3022 right away.

Please read the back of this card.

P.O. BOX 45531
OLYMPIA, WA 98504-5531



MEDICAL IDENTIFICATION CARD

This Card Valid From: 08-01-03
To: 08-31-03

Primary Language

To:

Patient Identification Code (PIC)				Medical Coverage Information							
Initials	Birthdate	Last Name	TB	Insurance	HMO	Detox	Restriction	Hospice	DD Client	Other	
JQ RC	010171 121299	PUBLI PUBLI	A A		○						

John Q. Public
123 Main St
Anytown, WA 98999

CNP
076 007308084
1-800-555-1234 PLAN NAME
L0000999 * 112234B

SHOW TO MEDICAL PROVIDER AT TIME OF EACH SERVICE
DSHS 13-030 ages (04/95)

SIGNATURE (Not Valid Unless Signed)

If you move, you may have to change how you get your health care. Call the Helpline at 1-800-562-3022 and they will help if you need to change health plans.

Your health plan's initials and phone number are in these two places.

Your Health Plan ID Card

You will also get an ID card from the health plan. You will need both your DSHS medical ID card and your health plan ID card for medical appointments and prescriptions. If you need care before you get your health plan card, call the health plan listed on your DSHS medical ID card.



What are your Rights and Responsibilities?

You have the right to:

- Help make decisions about your health care
 - Including refusing treatment
- Get information about:
 - Your care
 - Your doctor and how referrals are made
 - How the health plan pays for care, including visits to specialists and other providers (please call your health plan's customer service line to ask for this information)
 - All options for care and why you are getting certain kinds of care
 - Your health plan
 - Covered services
- Get services in a timely manner and as close to your home as possible
- Be treated with respect - Discrimination is not allowed. No one can be excluded on the basis of race, color, national origin, sex, age, religion, creed or disability.
- Speak freely about your health care and concerns without any negative results
- Have your records and information about your care kept confidential
- Ask for copies of your medical records and ask for changes when necessary
- File a complaint

You have the responsibility to:

- Help make decisions about your health care
- Give your doctors the best information you can about your health so they can help you get the care you need
- Follow your doctor's instructions about your health care
- Give your doctors the information they need to handle your health coverage (like bringing your DSHS Medical ID card (coupon) and health plan ID card to your appointments)
- Learn about your health plan and what services are covered
- Use health services when you need them
- Keep appointments and be on time. Call the office if you are going to be late or have to cancel the appointment
- Show your doctors the same respect you want from them
- Ask for "Your Medical Benefit Book," if you have a short break in DSHS medical coverage and want another book. If your break in coverage is less than two months, you will be given the same plan that you had earlier.



What if you are American Indian or Alaska Native?

If you are an American Indian or Alaska Native you have these three choices:

1. You can sign up for a Tribal clinic or health center (Primary Care Case Management clinic or health center) that is run by a tribe, Indian Health Services, or an urban Indian Organization. See the next page for a list of Tribal clinics or health centers to see if there is one near you.
2. You can sign up for a Healthy Options health plan and get your care from the doctors and other providers who are part of that plan.
3. You can ask for an exemption: this means that you do not have to sign up for a health plan or for a Tribal clinic. If you ask for an exemption, you can go to any doctor or other provider who agrees to take your medical ID card and bill DSHS. This is sometimes called fee-for-service or “open coupon.” Before you ask for an exemption, it’s a good idea to call the doctors and other medical providers you want to use to be sure they will take you as a fee-for-service patient (that they will accept your medical ID card).

Call to tell us which of the three choices you want

If you are American Indian or Alaska Native and all three choices are not listed on your Sign Up form on page 3, please call us at 1-800-562-3022 and tell us which of these three choices you want.

What happens if you don’t call us?

If you don’t call us, DSHS will make a choice for you. Page 1 of this book tells you how you will get your care if you don’t tell us your choice. If DSHS makes a choice you don’t want, you can call us at 1-800-562-3022 and ask to make a choice.

What happens if some people in your household are American Indian or Alaska Native, and others are not?

Usually, family members on Healthy Options who are not American Indian or Alaska Native must be in a health plan. There is one exception. If a family member is American Indian or Alaska Native and signs up for a Tribal Clinic, the other family members can also sign up if the tribal clinic says it is okay.



Tribal Clinics

This page gives phone numbers for the Tribal Clinics (also called Primary Care Case Management) that are run by a tribe, Indian Health Services, or an urban Indian Organization.

Tribe	County	Name of clinic	Phone number
Any tribe	King	Seattle Indian Health Board	206-324-9360
Any tribe	Spokane	Native Health of Spokane	509-483-7335
Colville	Ferry	Inchelium Health Center	509-722-7006
Colville	Okanogan	Colville Indian Health Center* (Nespelem)	509-634-2900
Lower Elwha			
Klallam	Clallam	Lower Elwha Health Center	360-452-6252
Lummi	Whatcom	Lummi Tribal Health Center	360-384-0464
Makah	Clallam	Sophie Trettevick Indian Health Center*	360-645-2233
Nooksack	Whatcom	Nooksack Community Clinic	360-966-2106
Port Gamble			
S'Klallam	Kitsap	Port Gamble S'Klallam Health Center	360-297-2840
Puyallup	Pierce	Takopid Health Center	253-593-0232
Quileute	Clallam	Quileute Health Center	360-374-9035
Quinault	Grays Harbor	Roger Saux Health Center	360-276-4405
Shoalwater Bay	Pacific	Shoalwater Bay Tribal Clinic	360-267-0119
Spokane	Stevens	David C. Wynecoop Memorial Clinic*	509-258-4517
Tulalip	Snohomish	Tulalip Tribes Health Center	360-651-4511
Yakama	Yakima	Yakama Indian Health Center*	509-865-2102

*Federally recognized tribal status must be verified to receive services at this site.

You can sign up for Columbia United Providers if you live in one of these counties:

Clark

Do you have questions or want more information about Columbia United Providers?

Please call us at Customer Service, Monday – Friday, 8:00 a.m. to 5:00 p.m.:



TOLL FREE

1-800-315-7862 or (360) 891-1520

The TTY/TDD number (for people who have difficulties with hearing or speech) is 1-866-287-9962 or (360) 449-8860. You can also get more information about CUP on our web-site at: **www.cuphealth.com**

- High quality health care and medical service
- Friendly Customer Service Specialists whose goals are to help you get what you need
- Free telephone advice nurse line to answer your questions 24 hours a day, 7 days a week
- Large Network of PCP and Specialist Providers

What benefits will you get from this plan?

In addition to giving you all the same basic benefits as all the other plans for Healthy Options members, CUP also provides case management and health education programs for our members with chronic health conditions or special healthcare needs.

How well did Columbia United Providers do on the member survey?

For each of the five survey topics, here is how **Columbia United Providers** scored on:

The State of Washington received survey responses from almost 3,000 parents of children on Healthy Options telling us about the **quality of care and service** they have been getting from their health plan.

Children's Care

Five topics from this survey are listed below:



Whether children got the care they needed without problems



Whether children got care without long waits



Whether their doctors spent enough time with them, listened carefully, gave good explanations, and showed respect



Whether office staff were helpful, and treated patients with courtesy and respect



Customer service from the health plan — whether people got the help and information they needed without problems

What do these scores mean? These scores tell how well **Columbia United Providers** did compared to other Healthy Options plans throughout the state. “Average” means the average score for all of the health plans combined. **How can you use these scores?** You can use these scores to compare survey results for **Columbia United Providers** to results for other health plans.

If your child has special health care needs, please turn the page for more information.

What If My Child Has Special Health Care Needs?

Some children need ongoing health care. This could include autism, developmental delays, disabilities or other conditions. These children may need special services or medicines, as well. To see what parents of children with special health needs said about their plans, please see below.

How well did Columbia United Providers do on the member survey?

Children with Special Health Care Needs	The topics from this survey listed below:
<div>Average</div> <div>★ ★</div>	Whether children got the care they needed without problems
<div>Better</div> <div>★ ★ ★</div>	Whether children got care without long waits
<div>Average</div> <div>★ ★</div>	Whether their doctors spent enough time with them, listened carefully, gave good explanations, and showed respect
<div>Average</div> <div>★ ★</div>	Whether office staff were helpful, and treated patients with courtesy and respect
<div>Better</div> <div>★ ★ ★</div>	Customer service from the health plan – whether people got the help and information they needed without problems.

What do these scores mean? These scores tell how well Columbia United Providers did compared to other Healthy Options plans throughout the state. “Average” means the average score for all of the health plans combined. **How can you use these scores?** You can use these scores to compare survey results for Columbia United Providers to results for other health plans.

You can sign up for Community Health Plan if you live in one of these counties:

Adams, Benton, Chelan, Clark, Cowlitz, Douglas, Ferry, Franklin, Grant, Island, Jefferson, King, Kitsap, Klickitat, Lewis, Lincoln, Mason, Okanogan, *Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom and Yakima *CHP is only in part of this county

Do you have questions or want more information about Community Health Plan?

Please call us at Customer Service, Monday – Friday, 8:00 a.m. to 6:00 p.m. (calls to these numbers are free):



TOLL FREE
1-800-440-1561

The TTY/TDD number (for people who have difficulties with hearing or speech) is 1-866-816-2479.

At Community Health Plan we are committed to your health. We offer:

- Prenatal program with free infant/toddler car seat
- Well-child exam with free bike helmet or health book
- Large network of doctors to serve your needs
- Translators to assist members

What benefits will you get from this plan?

Community Health Plan gives you the same basic benefits and services as all of the other plans for people on Healthy Options.

How well did Community Health Plan do on the member survey?

For each of the five survey topics, here is how **Community Health Plan** scored on:

Children's Care

Below



Below



Average



Below



Below



Five topics from this survey are listed below:

Whether children got the care they needed without problems

Whether children got care without long waits

Whether their doctors spent enough time with them, listened carefully, gave good explanations, and showed respect

Whether office staff were helpful, and treated patients with courtesy and respect

Customer service from the health plan — whether people got the help and information they needed without problems

What do these scores mean? These scores tell how well **Community Health Plan** did compared to other Healthy Options plans throughout the state. "Average" means the average score for all of the health plans combined. **How can you use these scores?** You can use these scores to compare survey results for **Community Health Plan** to results for other health plans.

If your child has special health needs, please turn the page for more information.

What If My Child Has Special Health Care Needs?

Some children need ongoing health care. This could include autism, developmental delays, disabilities or other conditions. These children may need special services or medicines, as well. To see what parents of children with special health needs said about their plans, please see below.

How well did Community Health Plan do on the member survey?

Children with Special Health Care Needs	The topics from this survey listed below:
Below ★	Whether children got the care they needed without problems
Below ★	Whether children got care without long waits
Below ★	Whether their doctors spent enough time with them, listened carefully, gave good explanations, and showed respect
Below ★	Whether office staff were helpful, and treated patients with courtesy and respect
Average ★★	Customer service from the health plan – whether people got the help and information they needed without problems.

What do these scores mean? These scores tell how well Community Health Plan did compared to other Healthy Options plans throughout the state. “Average” means the average score for all of the health plans combined. **How can you use these scores?** You can use these scores to compare survey results for Community Health Plan to results for other health plans.



You can sign up for Group Health Cooperative if you live in one of these counties:

King (partial), Kitsap, Pierce (partial) and Spokane

Do you have questions or want more information about Group Health Cooperative?

Please call us at Customer Service, Monday – Friday, 8:00 a.m. to 6:00 p.m. (calls to these numbers are free):



TOLL FREE
1-888-901-4636

The TTY/TDD number (for people who have difficulties with hearing or speech) is 1-800-833-6388

Group Health has two programs to improve the health of young families, pregnant teenagers, and teen parents:

Seattle: Teen Pregnancy & Parenting Clinic

Spokane: High Hopes Program

- We have doctors, nurses, social workers, WIC workers, and prenatal educators with special training to help you.
- Your doctor, lab, and pharmacy are in the same location.
- You can use the 24-hour consulting nurse by telephone.
- Find out more about us at: www.ghc.org

What benefits will you get from this plan?

Group Health Cooperative gives you the same basic benefits and services as all of the other plans for people on Healthy Options.

How well did Group Health Cooperative do on the member survey?

For each of the five survey topics, here is how **Group Health Cooperative** scored on:

Children's Care

Average



Average



Average



Average



Average



The State of Washington received survey responses from almost 3,000 parents of children on Healthy Options telling us about the **quality of care and service** they have been getting from their health plan.

Five topics from this survey are listed below:

Whether children got the care they needed without problems

Whether children got care without long waits

Whether their doctors spent enough time with them, listened carefully, gave good explanations, and showed respect

Whether office staff were helpful, and treated patients with courtesy and respect

Customer service from the health plan — whether people got the help and information they needed without problems

What do these scores mean? These scores tell how well **Group Health Cooperative** did compared to other Healthy Options plans throughout the state. "Average" means the average score for all of the health plans combined. **How can you use these scores?** You can use these scores to compare survey results for **Group Health Cooperative** to results for other health plans.

If your child has special health care needs, please turn the page for more information.

What If My Child Has Special Health Care Needs?

Some children need ongoing health care. This could include autism, developmental delays, disabilities or other conditions. These children may need special services or medicines, as well. To see what parents of children with special health needs said about their plans, please see below.

How well did Group Health Cooperative do on the member survey?

Children with Special Health Care Needs	The topics from this survey listed below:
Better ★ ★ ★	Whether children got the care they needed without problems
Average ★ ★	Whether children got care without long waits
Average ★ ★	Whether their doctors spent enough time with them, listened carefully, gave good explanations, and showed respect
Average ★ ★	Whether office staff were helpful, and treated patients with courtesy and respect
Average ★ ★	Customer service from the health plan – whether people got the help and information they needed without problems.

What do these scores mean? These scores tell how well Group Health Cooperative did compared to other Healthy Options plans throughout the state. “Average” means the average score for all of the health plans combined. **How can you use these scores?** You can use these scores to compare survey results for Group Health Cooperative to results for other health plans.

You can sign up for Molina Healthcare of Washington, Inc. (Molina Healthcare) if you live in one of these counties:

Adams, Benton, Chelan, Clallam, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima

Do you have questions or want more information about Molina Healthcare?

Please call Molina Healthcare Member Services,
Monday – Friday, 7:30 a.m. to 5:30 p.m.
(calls to these numbers are free):



TOLL FREE
1-800-869-7165

The TTY/TDD number (for people who have difficulties with hearing or speech) is 1-877-665-4629.

How well did Molina Healthcare do on the member survey?

For each of the five survey topics, here is how **Molina Healthcare** scored on:

Children's Care

Below
★

Average
★★

Average
★★

Average
★★

Average
★★

Five topics from this survey are listed below:

Whether children got the care they needed without problems

Whether children got care without long waits

Whether their doctors spent enough time with them, listened carefully, gave good explanations, and showed respect

Whether office staff were helpful, and treated patients with courtesy and respect

Customer service from the health plan — whether people got the help and information they needed without problems

What do these scores mean? These scores tell how well **Molina Healthcare** did compared to other Healthy Options plans throughout the state. "Average" means the average score for all of the health plans combined.

How can you use these scores? You can use these scores to compare survey results for **Molina Healthcare** to results for other health plans.

If your child has special health care needs, please turn the page for more information.

At Molina Healthcare we care about keeping you well.

If you are pregnant and complete our Pre-natal or After-Delivery Program, you can receive one of the following:

- An infant car seat or booster seat
- A digital thermometer, immunization record card for your baby or a "Baby Go to Sleep" CD

If you are a child and complete our Well-Child Exam Program, you can get a photo sitting coupon, bike helmet or video rental gift card.

What benefits will you get from this plan?

Molina Healthcare gives you the same basic benefits and services as all of the other plans for people on Healthy Options.

What If My Child Has Special Health Care Needs?

Some children need ongoing health care. This could include autism, developmental delays, disabilities or other conditions. These children may need special services or medicines, as well. To see what parents of children with special health needs said about their plans, please see below.

How well did Molina Healthcare do on the member survey?

Children with Special Health Care Needs	The topics from this survey listed below:
<div>Average ★ ★</div>	Whether children got the care they needed without problems
<div>Better ★ ★ ★</div>	Whether children got care without long waits
<div>Average ★ ★</div>	Whether their doctors spent enough time with them, listened carefully, gave good explanations, and showed respect
<div>Better ★ ★ ★</div>	Whether office staff were helpful, and treated patients with courtesy and respect
<div>Average ★ ★</div>	Customer service from the health plan – whether people got the help and information they needed without problems.

What do these scores mean? These scores tell how well Molina Healthcare did compared to other Healthy Options plans throughout the state. “Average” means the average score for all of the health plans combined.

How can you use these scores? You can use these scores to compare survey results for Molina Healthcare to results for other health plans.



An Independent Licensee of the Blue Cross
and Blue Shield Association

You can sign up for Regence BlueShield if you live in one of these counties:

Clallam, Grays Harbor, Island, Pacific, Pierce, San Juan, Skagit, Snohomish* and Yakima

*RBS is only in zip codes 98282 and 98292 in Snohomish County.

Do you have questions or want more information about Regence BlueShield?

Please call us at Customer Service, Monday – Friday, 8:00 a.m. to 5:00 p.m. (calls to these numbers are free):



TOLL FREE
1-800-669-8791

The TTY/TDD number (for people who have difficulties with hearing or speech) is 1-253-573-3464.

- Regence BlueShield has been serving communities for over 80 years
- Regence BlueShield offers a free Glucose monitor program for diabetic's, fitness club and weight management discount programs through Regence Advantages. Check out these programs at: www.wa.regence.com/member/advantages/
- Regence BlueShield is held to the National Blue Cross and Blue Shield Association's standards for customer service and claims processing
- Special Beginnings Prenatal Program

What benefits will you get from this plan?

Regence BlueShield gives you the same basic benefits and services as all of the other plans for people on Healthy Options.

How well did Regence BlueShield do on the member survey?

For each of the five survey topics, here is how **Regence BlueShield** scored on:

Children's Care

Average



Average



Average



Average



Average



Five topics from this survey are listed below:

Whether children got the care they needed without problems

Whether children got care without long waits

Whether their doctors spent enough time with them, listened carefully, gave good explanations, and showed respect

Whether office staff were helpful, and treated patients with courtesy and respect

Customer service from the health plan — whether people got the help and information they needed without problems

What do these scores mean? These scores tell how well **Regence BlueShield** did compared to other Healthy Options plans throughout the state. "Average" means the average score for all of the health plans combined. **How can you use these scores?** You can use these scores to compare survey results for **Regence BlueShield** to results for other health plans.

If your child has special health care needs, please turn the page for more information.

What If My Child Has Special Health Care Needs?

Some children need ongoing health care. This could include autism, developmental delays, disabilities or other conditions. These children may need special services or medicines, as well. To see what parents of children with special health needs said about their plans, please see below.

How well did Regence BlueShield do on the member survey?

Children with Special Health Care Needs	The topics from this survey listed below:
Average ★ ★	Whether children got the care they needed without problems
Average ★ ★	Whether children got care without long waits
Average ★ ★	Whether their doctors spent enough time with them, listened carefully, gave good explanations, and showed respect
Average ★ ★	Whether office staff were helpful, and treated patients with courtesy and respect
Average ★ ★	Customer service from the health plan – whether people got the help and information they needed without problems.

What do these scores mean? These scores tell how well Regence BlueShield did compared to other Healthy Options plans throughout the state. “Average” means the average score for all of the health plans combined. **How can you use these scores?** You can use these scores to compare survey results for Regence BlueShield to results for other health plans.



Asuris Northwest Health

A Regence Affiliate

You can sign up for Asuris Northwest Health if you live in one of these counties:

Spokane

Do you have questions or want more information about Asuris Northwest Health?

Please call us at Customer Service, Monday – Friday, 7:30 a.m. to 5:00 p.m. (calls to these numbers are free):



TOLL FREE
1-866-240-9560

The TTY/TDD number (for people who have difficulties with hearing or speech) is 1-253-573-3464.

- Asuris Northwest Health is a Regence affiliate.
- Asuris Northwest Health offers a free Glucose monitor program for diabetic's, fitness club and weight management discount programs through Asuris Advantages. Check out these programs at the following web site: www.asurisnorthwesthealth.com/member/advantages/
- Asuris Northwest Health has an extensive provider network.
- Special Beginnings Prenatal Program.

What benefits will you get from this plan?

Asuris Northwest Health gives you the same basic benefits and services as all of the other plans for people on Healthy Options.

How well did Asuris Northwest Health do on the member survey?

For each of the five survey topics, here is how **Asuris Northwest Health** scored on:

Children's Care

Average



Average



Average



Average



Average



Five topics from this survey are listed below:

Whether children got the care they needed without problems

Whether children got care without long waits

Whether their doctors spent enough time with them, listened carefully, gave good explanations, and showed respect

Whether office staff were helpful, and treated patients with courtesy and respect

Customer service from the health plan — whether people got the help and information they needed without problems

What do these scores mean? These scores tell how well **Asuris Northwest Health** did compared to other Healthy Options plans throughout the state. "Average" means the average score for all of the health plans combined. **How can you use these scores?** You can use these scores to compare survey results for **Asuris Northwest Health** to results for other health plans.

Due to the small survey sample, no Asuris information is available for children with chronic conditions.

